



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1691971

REPORT NO. **E272593**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **13-02401**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **02** OBJECT STRUCK ☐

DATE OF COLLISION **09** - **25** - **2013** TIME (2400) **0430** COUNTY # **31** MILES ☐ N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664** CITY # ☐

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
103RD DR SE BLOCK NO. ☒ **2500** MILE POST ☐

DISTANCE **65** **00** MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **25TH PL SE** FEET ☒ S ☒ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. ☐ - ☐ - ☐

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES ☐

LICENSE PLATE # ☐ STATE **WA** VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR ☐ MAKE ☐ MODEL ☐ STYLE **CV** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. ☐

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. ☐ - ☐ - ☐

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES ☐

LICENSE PLATE # **AMV5423** STATE **WA** VIN# **JM1NA3530R0514614**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1994** MAKE **MAZD** MODEL **MX5** STYLE **CV** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **MATHEW FRASER 2532 103RD DR SE LAKE STEVENS WA 98258 D: 4256970444**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **VERN FONK 475934864**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **CHAD CHRISTENSEN** BADGE OR ID # **075** AGENCY **WA0311900**



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1591972

CORRECTION

REPORT NO. **E272593**

CASE # **13-02401**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)				SEX		D.O.B. MMDDYYYY					
ADDRESS & PHONE #											
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.	
										EJECT	
								HELMET USE		INJURY CLASS	
NATURE OF INJURIES											
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
				SEX		D.O.B. MMDDYYYY					
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.	
										EJECT	
								HELMET USE		INJURY CLASS	
NATURE OF INJURIES											
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
				SEX		D.O.B. MMDDYYYY					
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.	
										EJECT	
								HELMET USE		INJURY CLASS	
NATURE OF INJURIES											

NARRATIVE

Unit 2 was legally parked unoccupied in the 2500 103Rd Dr. SE. Unidentified Unit 1 appears to have backed into Unit 2. A yellow paint transfer was left on Unit 2 rear bumper. Owner of Unit 2 states his girlfriends car alarm went off around 0430 hours this morning and when he discovered his vehicle it had been pushed into his girlfriend car. it was originally beleived that a Wast Managment garbage truck had hit Unit 2, this was found not to be true.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

09-25-13 03:16 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

JEFF LAMBIER 104

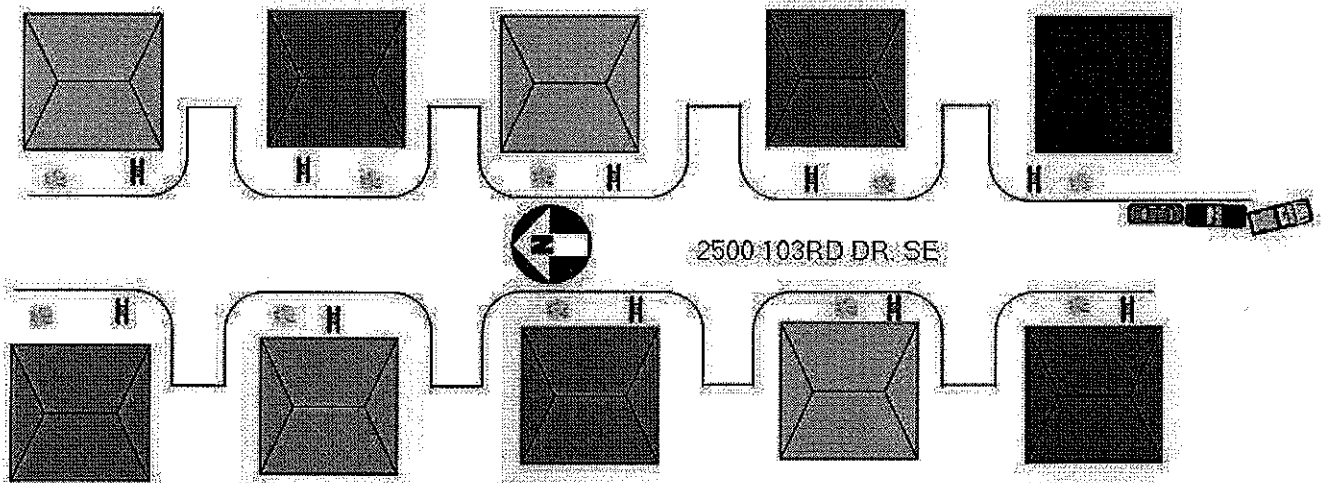
9/25/2013 8:42:43 PM

BADGE OR ID # 075

ORI # WA0311900

TIME POLICE DISPATCHED 7:42 AM

TIME POLICE ARRIVED 7:49 AM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

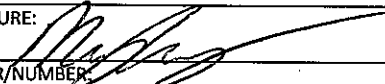
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Fraser Mathew Joseph	RACE W	ETH	SEX M	DOB 01-27-92	AGE 21	HGT 5'10"	WGT 168	HAIR Bn	EYES H2
STREET ADDRESS 2532 103 rd Dr Se.		CITY Lake Stevens		STATE W		ZIP 98258		RES. STATUS		
HOME PHONE N/A		CELL PHONE 425-697-0444			PLACE OF EMPLOYMENT N/A					
WORK PHONE		EMAIL ADDRESS Purple-Mango@live.com								

I, Mathew Fraser, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

My Stepdad came into my room to wake me up, and he showed me a picture of my vehicle, hit from behind. I put on my clothes, went outside and took pictures, I then called the cops and waited outside until someone arrived.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 9-25-13	LOCATION SIGNED
OFFICER/NUMBER	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

ORIGINAL

PAGE ___ OF ___

Incident History for: #SS13021388

Case Numbers: \$SS13002401

Entered 09/25/13 07:42:14 BY SPCT03 SP0373

Dispatched 09/25/13 07:42:28 BY SPDP17 SP0345

Enroute 09/25/13 07:42:28

Onscene 09/25/13 07:49:09

Closed 09/25/13 08:25:38

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1319 Map Page: 397F-5 Group: SS1 Beat: SOUT

Src: T

Loc: 2532 103 DR SE , LKS btwn 25 ST SE & DEAD END (V)

Loc Info:

Name: FRASER, MATTHEW

Addr:

Phone: 4256970444

/0742 (SP0373) ENTRY , CC, COLD H AND R, SUS INFO
/0742 (SP0345) DISPER SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
/0749 (SS75) *ONSCNE SS1931
/0753 REMINQ SS1931 MDTVEH, AMV5423, , WA, , , , , , , , ,
/0800 (SP0345) ASNCAS SS1931 \$SS13002401
/0825 CLEAR SS1931 D/H
/0825 CLOSE SS1931

LSPP
ORIGINAL